



HIPAA Corner... ..

HIPAA Encounter Drug Processing Flow

Encounters will be submitted in HIPAA NCPDP format using the guidelines provided by ADHS/DBHS. The input ENCOUNTER DRUG file name will be HDRGxx.darbha ("xx" represents the two-digit RBHA number used by DBHS). This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation any time up to the cut off of 6pm daily each workday.

During translation processing any error will result in the complete file being rejected. One file will be created. It is the HDRGxx.error file which is the original file. This file will be returned to the DBHS server.

After translation the accepted file will be named UENDRGxx.darbha. This file is only used internally by DBHS in the normal daily processing. Output from the normal daily processing are two data files, one of accepted data and the other of unaccepted data, both of which are provided to each RBHA via the DBHS server.

The accepted data file is named DENCDDxx.dayyyyymmdd.nn. In addition to this file, a report file is created for each RBHA, which is named H74-ENC-RPTxx.yyyyymmdd.nn.

The unaccepted data file is named UENDRGxx.eryyyyymmdd.nn.

In the event a RBHA needs to have a file of all Encounters reflected on the DBHS system, which originally were submitted within a particular date range, a "resync" file containing all such Encounters may be requested. The resync file will be named yymmdd FTPxxR42 M.

Edit Alerts



An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

*** There are no edit alerts this month ***

Confirming Clients Medicare Coverage

Medicare Part A (Hospital Insurance)

Helps pay for care in hospitals as an inpatient, critical access hospitals (small facilities that give limited outpatient and inpatient services to people in rural areas), skilled nursing facilities, hospice care, and some home health care. Most people get Part A automatically when they turn age 65. They do not have to pay a monthly payment called a premium for Part A because they or a spouse paid Medicare taxes while they were working.

If the recipient has Medicare Part A, Inpatient Hospital encounters/claims submitted to AHCCCS for dates of service covered must include Medicare payment information.

Medicare Part B (Medical Insurance)

Helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. Enrolling in part B is the recipient's choice. They can sign up for Part B anytime during a 7-month period that begins 3 months before you turn 65.

If the recipient has Medicare Part B Professional and Outpatient Hospital encounters/claims submitted to AHCCCS for dates of service covered must include Medicare payment information.

If the recipient has Medicare coverage, the screen will indicate:

- Medicare Type
- Coverage Begin Date
- Coverage End Date
- Date Record Added
- Date Record Modified

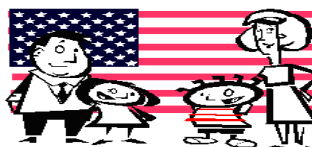
Rate Increase for Medication Services



The rates will be increased for medication administration services (H2010 and H0020) beginning with dates of service on and after April 15, 2004.

H2010 HG, Comprehensive medication services, single dose, will increase from \$11.00 to \$12.00

H0020 HG, Alcohol and/or drug service, methadone administration and/or service, take home, will increase from \$2.50 to \$3.00



Independence Day !!!
We will be closed for business,
Monday, July 5, 2004



Important Reminders . . .

AHCCCS Pended Encounter File Processing

Beginning with the June 2004 cycle, AHCCCS started processing a portion of our “new day” encounters (Oct 2003 – Jan 2004). ITS is planning to process Feb-Mar 2004 for July’s cycle. AHCCCS is allowing more time to clean up pended encounters before they impose sanctions; however, ADHS is encouraging the RBHAs to correct their pends as soon as possible. The Pend_Days and Sanction_Date fields will help you prioritize the cleanup process.

Please remember to send your pend deletions through the daily void process. This will allow the pended encounters to be voided in CIS and deleted at AHCCCS in one step. Only send your pended encounter approved duplicate overrides in the DELDUPyyyymm_rr.TXT file.

AHCCCS Security IDs for PMMIS

Any person, needing access to the PMMIS system, must submit the required paperwork and use the ID assigned during this process. Under no circumstance should there be any ‘sharing’ of user names and passwords. Currently there is not a limit (within reason) on the number of users available to the T/RBHAs.

The Office of Program Support Services will authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736. For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.



Important Definitions for Corporate Compliance

Upcoding is the practice of billing for more expensive services or procedures than were actually provided or performed.

Unbundling is the practice of submitting bills piecemeal or in fragmented fashion to maximize reimbursement.

Internal controls refers to the system or the plan of a company or government entity and all the methods and procedures adopted by management to assist in achieving its objective of having adequate internal controls to prevent fraud.



Who's Who in the Division of Behavioral Health

What is the Bureau for Adult Services?

The Bureau for Adult Services is primarily responsible for the oversight and monitoring of the provision of behavioral health services by the regional behavioral health authorities to persons with a serious mental illness and persons receiving services under the general mental health classification. Services are provided either directly by one of the five regional behavioral health authorities, three tribal regional behavioral health authorities, or by contracted provider agencies.

Bureau staff also serve as liaisons to other state and community agencies by providing technical assistance and training in such areas as individual service planning, case management, provider management, and agency administration. In addition, bureau staff assists in resolving issues and complaints from consumers, family members, regional behavioral health authority staff, and community stakeholders. Bureau staff directly responded to over 270 telephone calls, letters, and legislative requests to facilitate the resolution of client and citizen inquiries about the behavioral health system in 2001.

The Bureau also plays an active role in obtaining, participating in, and/or managing federal grants related to services for persons with behavioral health needs. The development and expansion of vocational services also continues to be a high priority.

Data Validation Update

As all the RBHAs know, the medical record collection part of the Data Validation Study for CYE 2003 is underway. The date to remember is September 8, 2004, as all medical records must be received by AHCCCS on or before that date. The RBHA may be sanctioned \$1000 per medical record, for each record not received by the deadline.

Office of Program Support Staff

If you need assistance, please contact your assigned Technical Assistant at:

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